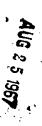
Primary Registration District No. 3052 Registrar's No. DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH admission) a. COUNTY Missouri VS 300 AMENDED c. CITY OR TOWN Rev. 4/59 Inside Limits Length of stay in 1b b. CITY (If outside corporate limits, give TOWNSHIP only) Stover Yes III No □ TOWN Sedalia daus Reside on Farm c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) HOSPITAL OR ADDRESS INSTITUTION Bothwell hospital Yes ∏ No 🖪 Yes 🖳 No 🗆 Stover Day Middle Last 4. DATE Month Year 3. NAME OF DECEASED (Type or print) Horence DEATH Ehlers 1967 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE Never Married [8. DATE OF BIRTH 7. Married X 5. SEX Months Davs Hours white Widowed Divorced [/8/92 temale 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOLLOWS Saline County housewite 13b, MOTHER'S MAIDEN NAMI 13a, FATHER'S NAME William E. Law Della Matheny Anton Ehlers 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ş (Yes, no, or upknown) [(If yes, give war or dates of service) unknown 낊 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: DOCUMENT ONSET AND DEATH ⋖ 10 RECORD IMMEDIATE CAUSE (a) DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. <u>z</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III, If deceased was CERTIFICATION there a pregnancy in last 90 days. disease condition given in PART I (a) AMENDMENTS ☐ Yes □ No □ Unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? 20c. TIME OF Month, Day, Year Hou RIBBON INJURY a.m. USE BLACK INK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT WORK | farm, factory, street, office bldg., etc.) OR TYPEWRITER READ _and last saw her alive on_ 21. I attended the deceased from the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS Ö 22a. SIGNALURE 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. DATE 23a, BURIAL, CREMATION, ÖN O REMOVAL (Specify) AFFID, Pauls Lutheran ITEM 24. FUNERAL DIRECTOR Scrivner Juneral Home Stover. (Licensed Embalmer's Statement on Reverse Side)

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Permit Not Issued



STATEMENT BY LICENSED EMBALMER

1 hereby certify that the body whose	e name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Jams R. Scrussi
Student	Signed Some R. Signed
Signature of Student Embalmer	
	Licensed Embalmer No. 4880 P. O. Address Uswells, Ymv.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.